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T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: HOMESTEAD MIAMI EGRDENS, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EUSEA FRISHBERG
Financial Menia FluBal FluRNA, LLC
1160 Kane Concourse # 204
Bathar Bar Islands, FL 33154
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EISEA FRISHBERG at (305) 606 \$2.81 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified C

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

HOMESTEAD MILAMI CARDENS, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 917208 and assigned Florida document number 13000131284. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation." L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS) BOXHAR BUR ISLANDS
- FL 33154
Enter new mailing address, if applicable: \\(\(\) \\(\) \\\\(\) \\\\(\) \\\\(\) \\\\(\) \\\\(\
(Mailing address MAY BE A POST OFFICE BOX) ROY HOY BOR ISLANDS
FL 33154
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Francia Mepin Glubal HURIDA, LLC
New Registered Office Address: 855 Collins Que SB
SUFFSIDE, Florida 33154 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

Florida, LLC

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> □ Add HANDS Properties LTD

Page 2 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

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The effective da	e, if other than the da te must be specific, cannot b cument is filed by the Florid	e prior to date of receipt or fil	ed date and cannot be more	(optional) han 90 days after
Dated	20/2015		 h	·
) Coseo	mature on member or autho	rized representative of a me	mher

Page 3 of 3

Filing Fee: \$25.00

